

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>8/6/05</u>		2 Serial/Patent # <u>10/518615</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>50.00</u>								
		8 TO BE REFUNDED BY:								
		Treasury Check								
10 REASON:		Credit Deposit A/C #:								
<input type="checkbox"/>	Overpayment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>3</td><td>--</td><td>2</td><td>4</td><td>9</td><td>0</td></tr> </table>		1	3	--	2	4	9	0
1	3			--	2	4	9	0		
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: _____		TITLE: _____								
SIGNATURE: _____		PHONE: _____								
OFFICE: _____		<small>Repln. Ref: 08/08/2005 BCAMPBEL 0010183500</small> <small>DAH:132490 Name/Number:10518615</small> <small>*****</small>								
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: